



**COMMONWEALTH OF KENTUCKY  
DEPARTMENT OF INSURANCE**

**P. O. Box 517  
Frankfort, Kentucky 40602-0517**

www.doi.state.ky.us  
502-564-6004

**For Department Use Only**

Amt. Recv'd \_\_\_\_\_  
Date Recv'd \_\_\_\_\_  
Tracking No. \_\_\_\_\_  
Cashier: \_\_\_\_\_  
Amt. Recv'd \_\_\_\_\_  
Date Recv'd \_\_\_\_\_  
Tracking No. \_\_\_\_\_  
Cashier: \_\_\_\_\_

**Do you currently hold a license. Yes \_\_\_ No \_\_\_**

**INDIVIDUAL LICENSE APPLICATION**

(This Form is not for Business Entities Please Use Form 8301-BE)

① Soc. Security Number		If applicable, NASD Individual Central Registration Depository (CRD) Number:		Bank or Other Financial Institution Affiliation: <input type="checkbox"/> Yes <input type="checkbox"/> No	
② Last Name Include JR./SR. etc		③ First Name		④ Middle Name	
				⑤ Date of Birth (month) ____ (day) ____ (year) ____	
⑥ Residence/Home Address (Physical Location)		⑦ P.O. Box		⑧ City	
				⑨ State ⑩ Zip	
⑪ Home Phone Number ( ) -	⑫ Gender (Circle One) Male Female	⑬ Are you a Citizen of the United States? (Check One) Yes <input type="checkbox"/> No <input type="checkbox"/> (If No, of which country are you a citizen? _____) (If No, you must supply work authorization)			
⑭ Business Entity Name (If applicable)					
⑮ Business Entity Address (Physical Location)		⑯ P.O. Box		⑰ City	
				⑱ State ⑲ Zip	
⑳ Business Phone Number ( ) -	㉑ Business Fax Number ( ) -	㉒ Business E-Mail Address		㉓ Business Web Site Address	
㉔ Applicant's Mailing Address		㉕ P.O. Box		㉖ City	
				㉗ State ㉘ Zip	
㉙ Assumed Business Name/Trade Name (If Applicable)					

**Agency or Business Entity Affiliations**

③① List your Insurance Agency or other Affiliations: (Complete only if the applicant is to be designated to act under the license of the business entity)

DOI # _____	Name of Agency or Affiliate _____
DOI # _____	Name of Agency or Affiliate _____
DOI # _____	Name of Agency or Affiliate _____
DOI # _____	Name of Agency or Affiliate _____

**Employment History**

③① Account for all time for the past five years. Give all employment experience starting with your present employer working back five years. Include full and part-time work, self-employment, military service, unemployment and full-time education.

Name	City	State	From		To		Position Held
			Month	Year	Month	Year	

**Background Information**

42

**The Applicant must read the following very carefully and answer every question:**

1. Have you ever been convicted of, or are you currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_ No \_\_\_

“Crime” includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.

“Convicted” includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

2. Have you or any business in which you are or were an owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_ No \_\_\_

“Involved” means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. “Involved” also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. “Involved” also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against you for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes \_\_\_ No \_\_\_

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment, and/or type, date, and location of bankruptcy.

4. Have you been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Are you currently a party to, or have you ever been found liable in, any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Have you or any business in which you are or were an owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

7. Do you have a child support obligation in arrearage? Yes \_\_\_ No \_\_\_

If you answer yes to Question 7, by how many months are you in arrearage? \_\_\_\_\_ Months

8. Are you the subject of a child support related subpoena or warrant? Yes \_\_\_ No \_\_\_

***NOTE: Failure to answer all questions will result in the rejection of this application and/or delay processing.***

33 **TYPE OF LICENSE:** (Please Allow 15 Working Days for Processing-- Check [www.doi.state.ky.us](http://www.doi.state.ky.us) to Verify Approval)

✓		Amount Due	✓		Amount Due
	Resident Agent (Exam Not Required if CPCU, CLU, CIC, or Reinstatement within 24 month) \$ 40.00*			Rental Vehicle Managing Employee \$ 40.00	
	Resident Agent (Exam Required) <i>Per Line of Authority</i> \$ 90.00*			Specialty Credit Managing Employee \$ 40.00	
	Non-Resident Agent (No Exam Required) <i>Per Line of Authority</i> \$ 50.00*			Managing General Agent \$ 100.00	
	Non-Resident Agent (Exam Required) Not Licensed in Home State <i>Per Line of Authority</i> \$100.00*			Apprentice Adjuster \$ 25.00	
	Consultant <input type="checkbox"/> Life & Health <input type="checkbox"/> General Lines \$150.00			Adjuster <input type="checkbox"/> Public <input type="checkbox"/> Independent (No Exam) \$ 50.00	
	Surplus Lines Broker Kentucky Residents Only \$ 100.00			Adjuster <input type="checkbox"/> Public <input type="checkbox"/> Independent (Exam Required) \$ 100.00	
	Administrator (TPA) \$ 50.00			Re-insurance Intermediary Broker \$ 100.00	
	Temporary Agent \$ 20.00			Re-insurance Intermediary Manager \$ 100.00	

**EXAMINATION FEE IS \$50 PER EXAM: Above Amount includes Examination Fee (If Applicable)\*\* NOTE: If requesting a Property & Casualty line of authority at the same time, the exam fee will be \$50.00 for the combined test. Total cost for Property & Casualty line of authority and exam is \$130.00.**

\*Fees indicated are per line of authority and per insurer

**LINE(S) OF AUTHORITY REQUESTED:** All those checked must be included within Appointing Insurer's certificate of authority

Casualty		Property		Limited Line Common Carrier	
Health (Note: Includes HMO & Non-Profit Health Service Corp.)		Surety (Note: Can sell with Casualty line of authority)		Limited Line Credit (Note: Can sell credit life, credit disability, credit property, credit unemployment, involuntary unemployment, mortgage life, mortgage guaranty, mortgage disability and automobile dealer GAP)	
Life		Rental Vehicle Insurance		Limited Line Crop Hail	
Mortgage Guaranty		Specialty Credit Insurance		Limited Line Mechanical Breakdown	
Marine & Transportation (Note: Can sell with Property line of authority)		Variable Life & Variable Annuity		Limited Line Motor Vehicle Physical Damage	

**TEMPORARY LICENSE REQUEST:** Available only to (1) the surviving spouse or court-appointed personal representative of licensed agent who dies or becomes disabled, (2) the member or employee of a licensed business entity upon the death or disability of "sole" individual in that agency who has been designated to act on behalf of the business entity, or (3) the designee of a licensed agent entering active military service.

Note: MUST attach copy of all pertinent legal documentation.

NAME OF AGENT TO BE REPLACED:

Social Security Number:

Certificate of Appointing Insurer for Agent or Sponsoring Adjuster for Apprentice

34 **THIS SECTION MUST BE COMPLETED BY THE APPOINTING INSURER OR SPONSORING ADJUSTER:**

The insurer or adjuster certifies that the following information is true, has been verified, and maintained in the insurer's or adjuster's files:

- 1) The applicant is a High School Graduate or has received the equivalency degree.
- 2) The applicant has completed the required number of hours of Pre-Licensing Classroom Training in Insurance through an approved program and instructor, where applicable.
- 3) An investigation of applicant's qualification for license has been made and applicant should be licensed.
- 4) Applicant is trustworthy and of good reputation.
- 5) An Applicant for apprentice Adjuster license will at all times be a full-time employee of an Insurer or Adjuster and be subject to the training, direction, and control of a licensed adjuster acting in the same capacity as that sought by applicant.

Further, the insurer hereby appoints the applicant to act as agent for the insurer.

Appointing Insurer or Sponsoring Adjuster

FEIN (for insurer) or Social Security Number (for adjuster)

Authorized Signature

Date

Contact Person Name

Print/Type Name and Title

Phone Number

E-mail Address

***Applicant must complete Certification and Attestation.***  
Please see include attachments which need to accompany this application

**Applicants Certification and Attestation**

65

**The Applicant must read the following very carefully:**

I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.

1. Where required by law, I hereby designate the Commissioner of Insurance, or other appropriate party in each jurisdiction for which this application is made to be my agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner of Insurance, or other appropriate party of that jurisdiction is of the same legal force and validity as personal service upon myself.
2. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurer.
3. I further certify that, under penalty of perjury, either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
4. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.

\_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Original Applicant Signature

\_\_\_\_\_  
Full Legal Name (Printed or Typed)

**Notary**

66 SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_

(SEAL)

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
COMMISSION EXPIRES

**Attachments**

67 **The following attachments must accompany the application otherwise the application may be returned unprocessed or considered deficient.**

**ALL APPLICANTS:**

1. Application must be answered completely and correctly to prevent delays in processing.
2. Fees must accompany the request for any license. All fees are deemed earned when paid and are non-refundable.
3. All Resident and Non-Resident individuals requesting licensure as an insurance agent must be sponsored by an admitted insurer.
4. All agents requesting to be licensed by examination must provide proof of completing an approved pre-licensing training program consisting of 40-hours (or zero hours for limited lines or an approved pre-licensing course for rental vehicle managing employee) of classroom training in the same line of insurance that the application is marked.

**RESIDENT AGENT APPLICANTS:**

1. All agents requesting to be licensed by examination must provide proof of completing an approved pre-license training program, as defined by law.
2. All resident agents MUST provide proof of financial responsibility. Proof must be submitted on the form prescribed by the Commissioner of Insurance (99-1 for Errors & Omissions, 99-2 for Letter of Credit, or the 99-3 for Surety Bond. E & O policies must be issued by an insurer authorized in Kentucky. Surety bonds must be issued by an insurer authorized in Kentucky, must be original, and must have an original Power of Attorney attached). Financial responsibility minimum limits for resident agents using Errors & Omissions policies are \$10,000 per occurrence and \$50,000 in the aggregate and agents using any other form of financial responsibility are \$10,000; agent representatives defined in KRS 304.9-270 must file the limits of \$1,000,000 per occurrence and \$2,000,000 in the aggregate.

**NON-RESIDENT AGENT APPLICANTS:**

All Non-Residents must provide an original Letter of Certification from the applicant's resident license jurisdiction, dated within 90 days of application (copies of the applicant's resident license are not acceptable).

**SURPLUS LINES BROKER APPLICANTS:**

All surplus lines brokers MUST provide proof of financial responsibility. Proof must be submitted in the form prescribed by the Commissioner (99-1 for Errors & Omissions, 99-2 for Letter of Credit, or 99-3 for Surety Bond, and 99-9 for Penal Bond. E & O policies must be issued by an insurer authorized in Kentucky. Surety bonds must be issued by an insurer authorized in Kentucky, must be original, and must have an original Power of Attorney attached). Financial responsibility minimum limits for surplus lines brokers are \$1,000,000 per occurrence and \$2,000,000 in the aggregate and the penal sum of \$50,000.

**ADJUSTER APPLICANTS:**

1. All resident adjusters MUST provide proof of a Surety Bond (issued by an insurer admitted in Kentucky). Proof must be submitted on the form prescribed by the Commissioner of Insurance (form 99-3). Surety bonds must be original and must have an original Power of Attorney attached. Financial responsibility limits for resident adjusters must be a minimum of \$1,000.
2. Applicants requesting a Staff Adjuster license must include the sponsoring affiliation information.
3. Applicants requesting an Apprentice Adjuster license must include the sponsoring adjuster or affiliation information.

**RENTAL VEHICLE:** Package must include completed Form 8301-RV and 8301 BE.

**SPECIALTY CREDIT:** Package must include completed Form 8301-SC and 8301 BE.

**RE-INSURANCE INTERMEDIARIES:** Must hold a property & casualty line of authority, and include list of insurers to be represented.

**MANAGING GENERAL AGENTS:** Must hold property & casualty line of authority, and include list of insurers to be represented.